

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

8/30/06

SERIAL NO.

10/815,615

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						
5						
6						1
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						
20						
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						2
29						2
30						2
31						2
32						2
33						2
34						2
35						2
36						2
37						2
38						2
39						2
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					1	
TOTAL DEP.					46	
TOTAL CLAIMS					47	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						